

each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS STANDARD CERTIFICATE OF BIRTH

State File No. 156
Registered No. 492

1. PLACE OF BIRTH

County Gila State Arizona
District or Township Claypool or Village _____
City Miami No. 48 Oak St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child James Edward Wilson } If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. } 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date August 15 1920 of birth Month Day Year

8. FATHER

Full name George Wilson

9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

10. Color or race white

11. Age at last birthday 46 (Years)

12. Birthplace (city or place) _____
(State or country) Missouri

13. Occupation miner

Nature of Industry Copper

14. MOTHER

Full maiden name Elnora Stephens

15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.

16. Color or race white

17. Age at last birthday 42 (Years)

18. Birthplace (city or place) London
(State or country) Arizona

19. Occupation Housewife

Nature of Industry _____

20. Number of children of this mother _____ } (a) Born alive and now living 9
(Taken as of time of birth of child herein } (b) Born alive but now dead 1
certified and including this child.) } (c) Stillborn 0

21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was alive at 6:15 P m. on the date above stated.
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Tomlin
(Physician or midwife.)

Given name added from a supplemental report.

Month, day, year

Address Miami, Arizona

Registrar.

Filed Aug 15 1920 16 E. D. D.
Registrar.

165-815-522